

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
NOVEMBER 2008 ESTIMATE COMPARED TO APPROPRIATION  
FISCAL YEAR 2008-09**

NO.	POLICY CHANGE TITLE	2008-09 APPROPRIATION		NOV. 2008 EST. FOR 2008-09		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>ELIGIBILITY</b>						
1	FAMILY PLANNING INITIATIVE	\$445,081,000	\$130,965,400	\$510,601,000	\$169,591,600	\$65,520,000	\$38,626,200
2	BREAST AND CERVICAL CANCER TREATMENT	\$118,149,000	\$56,998,950	\$124,365,000	\$57,821,250	\$6,216,000	\$822,300
3	CHDP GATEWAY - PREENROLLMENT	\$19,020,000	\$6,657,000	\$18,721,000	\$6,552,350	-\$299,000	-\$104,650
4	BRIDGE TO HFP	\$17,838,000	\$6,243,300	\$14,510,000	\$5,078,500	-\$3,328,000	-\$1,164,800
5	REFUGEES	\$6,518,000	\$6,518,000	\$7,011,000	\$7,011,000	\$493,000	\$493,000
6	PE FOR HFP DISENROLLEES	\$6,260,220	\$3,130,110	\$6,392,930	\$3,196,460	\$132,710	\$66,350
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0
8	STATE-FUNDED KINGAP	\$0	\$30,900	\$800	\$800	\$800	-\$30,100
10	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUST.	\$0	\$0	\$0	\$0	\$0	\$0
11	NEW QUALIFIED ALIENS	\$0	\$127,846,500	\$0	\$112,632,500	\$0	-\$15,214,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$28,266,750	\$0	-\$28,215,000	\$0	\$51,750
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
14	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS REF	-\$27,715,470	-\$13,857,730	-\$18,645,000	-\$9,322,500	\$9,070,470	\$4,535,230
160	ADDITIONAL CASELOAD INCREASE	\$0	\$0	\$42,104,990	\$21,052,500	\$42,104,990	\$21,052,500
162	MONTH-TO-MONTH ELIGIBILITY FOR UNDOC IMMIGRAI	\$0	\$0	-\$9,572,200	-\$4,786,100	-\$9,572,200	-\$4,786,100
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	\$0	\$0	-\$4,342,000	-\$9,408,000	-\$4,342,000	-\$9,408,000
165	1931(B) EXPANSION ROLLBACK	\$0	\$0	-\$5,189,000	-\$2,594,500	-\$5,189,000	-\$2,594,500
166	AGED & DISABLED EXPANSION REDUCTION	\$0	\$0	-\$28,552,000	-\$14,276,000	-\$28,552,000	-\$14,276,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$586,650,750</b>	<b>\$297,015,670</b>	<b>\$658,906,520</b>	<b>\$315,084,860</b>	<b>\$72,255,770</b>	<b>\$18,069,190</b>
	<b>BENEFITS</b>						
16	ADULT DAY HEALTH CARE - CDA	\$446,056,000	\$223,028,000	\$397,119,000	\$198,559,500	-\$48,937,000	-\$24,468,500
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$60,112,000	\$0	\$80,144,000	\$0	\$20,032,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$45,464,000	\$22,732,000	-\$5,052,000	-\$2,526,000
19	FPACT IMPLANON AND ESSURE	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$0	\$0

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		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
20	MONEY FOLLOWS THE PERSON DEMONSTRATION CO	\$2,870,000	\$767,000	\$1,666,000	\$457,000	-\$1,204,000	-\$310,000
21	CONLAN V. BONTA	\$1,700,000	\$850,000	\$1,322,000	\$682,000	-\$378,000	-\$168,000
22	HOME TOCOLYTIC THERAPY	\$4,135,210	\$2,067,600	\$1,161,160	\$580,580	-\$2,974,050	-\$1,487,020
23	NEWBORN HEARING SCREENS EXPANSION	\$2,528,880	\$1,264,440	\$2,534,020	\$1,267,010	\$5,140	\$2,570
24	NF A/B LEVEL OF CARE GROWTH	\$3,615,000	\$1,807,500	\$1,584,000	\$792,000	-\$2,031,000	-\$1,015,500
28	FAMILY PACT STATE ONLY SERVICES	\$0	\$3,400,000	\$0	\$2,000,000	\$0	-\$1,400,000
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$114,203,050	\$0	-\$122,369,000	\$0	-\$8,165,950
30	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$4,323,500	\$0	\$4,287,000	\$0	-\$36,500
32	MONEY FOLLOWS THE PERSON DEMONSTRATION SA	-\$3,329,000	-\$1,664,500	-\$1,748,000	-\$874,000	\$1,581,000	\$790,500
33	EXPANSION OF NF/AH WAIVER (SB 643)	-\$639,000	-\$319,500	-\$2,030,000	-\$1,015,000	-\$1,391,000	-\$695,500
34	ADULT DAY HEALTH CARE REFORMS	-\$29,794,130	-\$14,897,060	-\$23,791,150	-\$11,895,580	\$6,002,970	\$3,001,490
35	UNSPECIFIED BUDGET REDUCTION	-\$627,694,000	-\$323,297,000	-\$646,594,000	-\$323,297,000	-\$18,900,000	\$0
164	DISCONTINUE ADULT OPTIONAL BENEFITS	\$0	\$0	-\$39,391,000	-\$19,695,500	-\$39,391,000	-\$19,695,500
--	DME CONTRACTING PROJECT SAVINGS	-\$1,000,000	-\$500,000	\$0	\$0	\$1,000,000	\$500,000
	<b>BENEFITS SUBTOTAL</b>	<b>-\$86,923,040</b>	<b>-\$188,115,070</b>	<b>-\$178,559,970</b>	<b>-\$243,788,990</b>	<b>-\$91,636,930</b>	<b>-\$55,673,920</b>
	<b>PHARMACY</b>						
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$1,059,000	\$1,039,000	\$1,022,000	\$986,000	-\$37,000	-\$53,000
37	NON FFP DRUGS	\$0	\$609,000	\$0	\$580,500	\$0	-\$28,500
39	COAGULATION FACTOR STATE SUPPLEMENTAL REBA	-\$522,000	-\$261,000	-\$522,000	-\$261,000	\$0	\$0
40	PHARMACY TAR AUTO-ADJUDICATION	-\$544,000	-\$272,000	-\$589,000	-\$294,500	-\$45,000	-\$22,500
41	MEDICAL SUPPLY CONTRACTING	-\$8,569,390	-\$4,284,690	-\$4,633,470	-\$2,316,730	\$3,935,920	\$1,967,960
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$8,831,430	-\$4,415,710	-\$4,609,950	-\$2,304,970	\$4,221,480	\$2,110,740
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$6,000,000	-\$3,000,000	\$0	\$0
44	ENTERAL NUTRITION PRODUCTS	-\$12,837,150	-\$6,418,580	-\$12,877,650	-\$6,438,830	-\$40,500	-\$20,250

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	<b>PHARMACY</b>						
45	AGED DRUG REBATE RESOLUTION	-\$9,000,000	-\$4,486,000	-\$11,000,000	-\$5,500,000	-\$2,000,000	-\$1,014,000
46	FAMILY PACT DRUG REBATES	-\$37,330,000	-\$15,095,100	-\$42,381,000	-\$24,236,200	-\$5,051,000	-\$9,141,100
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$40,000,000	-\$19,749,600	-\$44,000,000	-\$21,687,900	-\$4,000,000	-\$1,938,300
48	STATE SUPPLEMENTAL DRUG REBATES	-\$322,105,000	-\$160,551,300	-\$314,436,000	-\$156,728,800	\$7,669,000	\$3,822,500
49	FEDERAL DRUG REBATE PROGRAM	-\$785,752,000	-\$391,653,200	-\$755,939,000	-\$376,793,100	\$29,813,000	\$14,860,100
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,230,431,960</b>	<b>-\$608,539,180</b>	<b>-\$1,195,966,060</b>	<b>-\$597,995,530</b>	<b>\$34,465,900</b>	<b>\$10,543,650</b>
	<b>MANAGED CARE</b>						
53	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$228,715,000	\$114,357,500	\$376,886,000	\$190,943,000	\$148,171,000	\$76,585,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$6,493,000	\$3,246,500	\$12,382,000	\$6,191,000	\$5,889,000	\$2,944,500
61	RISK PAYMENTS FOR MANAGED CARE PLANS	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
64	MANAGED CARE EXPANSION - PLACER	\$2,636,000	\$1,318,000	\$2,813,000	\$1,406,500	\$177,000	\$88,500
65	MANAGED CARE EXPANSION - SAN LUIS OBISPO	\$2,601,000	\$1,300,500	-\$73,355,870	-\$36,677,930	-\$75,956,870	-\$37,978,430
70	AIDS HEALTHCARE CENTERS (FULL RISK)	\$0	\$0	-\$1,143,000	-\$571,500	-\$1,143,000	-\$571,500
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
--	MANAGED CARE POST STABILIZATION PAYMENT SAV	-\$12,000,000	-\$6,000,000	\$0	\$0	\$12,000,000	\$6,000,000
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$236,445,000</b>	<b>\$118,222,500</b>	<b>\$325,582,130</b>	<b>\$165,291,070</b>	<b>\$89,137,130</b>	<b>\$47,068,570</b>
	<b>PROVIDER RATES</b>						
15	PROVIDER PAYMENT REDUCTION LITIGATION	\$433,097,000	\$221,158,000	\$335,307,000	\$172,263,000	-\$97,790,000	-\$48,895,000
74	NF-B RATE CHANGES AND QA FEE	\$231,143,730	\$115,571,860	\$162,451,210	\$81,225,600	-\$68,692,520	-\$34,346,260
75	FQHC/RHC RECONCILIATION PROCESS	\$0	\$0	\$74,183,000	\$37,091,500	\$74,183,000	\$37,091,500
76	LTC RATE ADJUSTMENT	\$58,581,960	\$29,290,980	\$55,434,780	\$27,717,390	-\$3,147,180	-\$1,573,590
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$36,625,240	\$18,312,620	\$39,776,790	\$19,888,390	\$3,151,550	\$1,575,780
78	FAMILY PLANNING RATE INCREASE	\$145,192,340	\$42,656,490	\$33,685,000	\$16,842,500	-\$111,507,340	-\$25,813,990
79	HOSPICE RATE INCREASES	\$14,907,390	\$7,453,700	\$16,222,360	\$8,111,180	\$1,314,970	\$657,480

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	<u>PROVIDER RATES</u>						
80	MIRENA IUC REIMBURSEMENT	\$2,941,000	\$912,600	\$1,081,600	\$405,440	-\$1,859,400	-\$507,160
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$22,499,960	-\$11,249,980	-\$22,604,900	-\$11,302,450	-\$104,940	-\$52,470
83	REDUCTION TO NON-CONTRACT HOSPITALS	-\$44,372,000	-\$22,186,000	-\$29,614,000	-\$14,807,000	\$14,758,000	\$7,379,000
84	REDUCTION TO LTC PROVIDER PAYMENTS	-\$86,942,000	-\$43,471,000	-\$87,730,000	-\$43,865,000	-\$788,000	-\$394,000
86	REDUCTION TO PROVIDER PAYMENTS	-\$521,329,000	-\$268,171,000	-\$518,200,000	-\$268,784,000	\$3,129,000	-\$613,000
--	DME REIMBURSEMENT CHANGES	\$894,000	\$447,000	\$0	\$0	-\$894,000	-\$447,000
--	NF/AH (NF A/B LOC) WAIVER CAP INCREASE	\$5,260,000	\$2,630,000	\$0	\$0	-\$5,260,000	-\$2,630,000
--	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$17,260,000	\$8,630,000	\$0	\$0	-\$17,260,000	-\$8,630,000
--	REDUCTION TO MANAGED CARE PROVIDER PAYMENT	-\$323,345,000	-\$161,672,500	\$0	\$0	\$323,345,000	\$161,672,500
	PROVIDER RATES SUBTOTAL	-\$52,585,310	-\$59,687,230	\$59,992,830	\$24,786,560	\$112,578,140	\$84,473,780
	<u>HOSPITAL FINANCING</u>						
87	HOSP FINANCING - DSH PMT	\$1,514,495,000	\$481,915,500	\$1,564,298,000	\$483,798,000	\$49,803,000	\$1,882,500
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT	\$477,742,000	\$238,871,000	\$483,816,000	\$241,908,000	\$6,074,000	\$3,037,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$453,738,000	\$0	\$469,794,000	\$0	\$16,056,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE	\$225,000,000	\$0	\$315,000,000	\$0	\$90,000,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$247,186,000	\$123,593,000	\$245,336,000	\$122,668,000	-\$1,850,000	-\$925,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN C	\$243,845,000	\$0	\$191,200,000	\$0	-\$52,645,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUND	\$179,371,000	\$0	\$179,371,000	\$0	\$0	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$101,603,000	\$50,801,500	\$167,949,000	\$83,974,500	\$66,346,000	\$33,173,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$24,531,000	\$12,265,500	\$47,383,000	\$23,691,500	\$22,852,000	\$11,426,000
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,624,000	\$14,812,000	\$46,690,000	\$23,345,000	\$17,066,000	\$8,533,000
97	HOSP FINANCING - CCS AND GHPP	\$26,000,000	\$0	\$39,000,000	\$0	\$13,000,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$42,891,000	\$0	\$31,000,000	\$0	-\$11,891,000	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$3,800,000	\$1,900,000	\$0	\$0

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	<b>HOSPITAL FINANCING</b>						
100	HOSP FINANCING - MIA LTC	\$0	-\$18,450,000	\$0	-\$21,450,000	\$0	-\$3,000,000
101	HOSP FINANCING - BCCTP	\$0	\$0	\$0	-\$2,000,000	\$0	-\$2,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$489,372,000	\$0	-\$433,922,000	\$0	\$55,450,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,569,826,000</b>	<b>\$416,336,500</b>	<b>\$3,784,637,000</b>	<b>\$523,913,000</b>	<b>\$214,811,000</b>	<b>\$107,576,500</b>
	<b>SUPPLEMENTAL PMNTS.</b>						
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$0	\$179,000,000	\$0	\$49,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$103,878,000	\$50,939,000	\$168,761,000	\$83,805,500	\$64,883,000	\$32,866,500
105	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$130,000,000	\$0	\$130,000,000	\$0	\$0	\$0
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000	\$0	\$0
107	FFP FOR LOCAL TRAUMA CENTERS	\$44,530,000	\$22,265,000	\$52,330,000	\$26,165,000	\$7,800,000	\$3,900,000
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$39,700,000	\$0	\$49,400,000	\$0	\$9,700,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$566,108,000</b>	<b>\$132,204,000</b>	<b>\$697,491,000</b>	<b>\$168,970,500</b>	<b>\$131,383,000</b>	<b>\$36,766,500</b>
	<b>OTHER</b>						
119	RECONCILIATION WITH BUDGET ACT-OTHER DEPARTM	\$111,251,000	\$0	\$111,251,000	\$0	\$0	\$0
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$79,772,000	\$0	\$79,508,000	\$0	-\$264,000	\$0
124	HEALTHY FAMILIES - CDMH	\$22,076,000	\$0	\$25,397,000	\$0	\$3,321,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,728,000	\$8,728,000	\$8,728,000	\$8,728,000	\$0	\$0
128	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$7,168,000	\$3,584,000	\$7,168,000	\$3,584,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$0	\$0	\$6,101,000	\$3,050,500	\$6,101,000	\$3,050,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	\$3,754,000	\$0	\$3,726,000	\$0	-\$28,000	\$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
137	DENTAL MANAGED CARE DISALLOWANCE	\$0	\$0	\$0	\$250,000	\$0	\$250,000

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	<b>OTHER</b>						
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	\$0	\$0	\$33,723,000	\$0	\$33,723,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0	\$0	\$0	\$0
141	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$56,000,000	\$0	\$56,000,000	\$0	\$0
142	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$12,000,000	\$0	\$12,000,000	\$0	\$0
143	INDIAN HEALTH SERVICES	\$0	-\$10,500,000	\$0	-\$9,000,000	\$0	\$1,500,000
146	EDS COST CONTAINMENT PROJECTS	-\$6,829,000	-\$3,414,500	-\$113,620	-\$56,810	\$6,715,380	\$3,357,690
147	ENHANCED RECOVERIES GENERATED BY DRA OF 200	-\$1,986,000	-\$993,000	-\$2,000,000	-\$1,000,000	-\$14,000	-\$7,000
148	MEDICAL SUPPORT ENHANCEMENTS	-\$1,946,290	-\$973,150	-\$1,956,480	-\$978,240	-\$10,190	-\$5,100
151	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$59,050,880	-\$29,525,440	-\$90,699,800	-\$45,349,900	-\$31,648,920	-\$15,824,460
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$24,090,120	-\$12,045,060	-\$39,165,650	-\$19,582,820	-\$15,075,530	-\$7,537,760
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC BEN	-\$48,367,000	-\$48,367,000	-\$45,854,000	-\$45,854,000	\$2,513,000	\$2,513,000
156	DELAY CHECKWRITE JUNE 2008 TO JULY 2008	-\$513,674,000	-\$243,551,000	-\$513,674,000	-\$243,825,000	\$0	-\$274,000
157	DELAY CHECKWRITE JUNE 2009 TO JULY 2009	\$0	\$0	-\$368,000,000	-\$184,000,000	-\$368,000,000	-\$184,000,000
170	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	\$0	\$0	-\$171,076,000	-\$85,538,000	-\$171,076,000	-\$85,538,000
--	ANTI-FRAUD EXPANSION FOR FY 2005-06	\$0	\$0	\$0	\$0	\$0	\$0
--	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$0	\$0	-\$18,105,000	-\$9,052,500
--	REDUCTION TO MENTAL HEALTH DRUG MEDI-CAL-CD/	-\$6,063,000	\$0	\$0	\$0	\$6,063,000	\$0
--	REDUCTION TO PERSONAL CARE SERVICES (MISC. SV	-\$107,494,000	\$0	\$0	\$0	\$107,494,000	\$0
--	REDUCTION TO TCM AND HCBS WAIVERS-CDDS	\$0	\$0	\$0	\$0	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>-\$524,814,290</b>	<b>-\$262,588,640</b>	<b>-\$989,660,540</b>	<b>-\$516,849,270</b>	<b>-\$464,846,260</b>	<b>-\$254,260,630</b>
	<b>GRAND TOTAL</b>	<b>\$3,064,275,150</b>	<b>-\$155,151,450</b>	<b>\$3,162,422,900</b>	<b>-\$160,587,810</b>	<b>-\$2,889,807,150</b>	<b>\$166,656,300</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.